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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Application Number	09/832,729
Filing Date	04-09-2001
irst Named Inventor	Baugh
Art Unit	3736
Examiner Name	N. Desanto
Attorney Docket Number	P0009520

Please withdraw me	as attorney or agent for the above id	entified	patent a	oplication, and	i				
all the attorneys/agents of record.									
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are: The sale of this patent or application from Medtronic to Arteriocyte.									
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NOTE: Withdrawai is effective u	hen annoyed rather than when received. Unle	ss there a	re at least	30 days between	approva	of withdi	awal and the expiration		
date of a time ceriod for respons	se or possible extension period, the request to a	winaraw is	normally (vsanoroved					

This collection of information is required by 37 CPR 1.35. The information is required to oties or retain a benefit by the unbit which is to fit (and by the USPT) to proceed) an application. Confidentially a generated by 32 U.S.C. 1.25 and 10 the USPTO. The will vary depending upon the individual case. Any common country gathering the plant plant

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